

CLAIMS ONLY							Application Number <u>101842935</u> Filing Date _____	
							Applicant(s) _____	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2		/					52	
3							53	
4							54	
5							55	
6							56	
7							57	
8	/						58	
9							59	
10		/					60	
11							61	
12							62	
13		/					63	
14							64	
15							65	
16	/						66	
17		/					67	
18							68	
19							69	
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24		/					74	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total							Total	
Indep							Indep	
Total							Total	
Depend							Depend	
Total							Total	
Claims							Claims	